



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION
JAN 28 12:15 PM '05
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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Kuioka,	Alton	T.	537-8768
MAILING ADDRESS (Street)			FAX
P.O. Box 2900			521-7602
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96846-6000	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

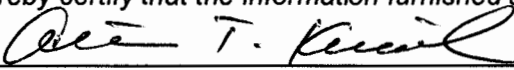
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Bank of Hawaii Corporation		
MAILING ADDRESS (Street)		FAX
P.O. Box 2900		537-8440
(City)	(State)	(Zip Code)
Honolulu,	Hawaii	96846-6000
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lance N. Tanaka		537-8351
MAILING ADDRESS (Street)		FAX
P.O. Box 2900		537-8440
(City)	(State)	(Zip Code)
Honolulu,	Hawaii	96846-6000

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
XX Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

JAN 27 2005

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Alton T. Kuioka

Vice Chairman, Commercial Banking

NAME OF ORGANIZATION (if applicable)	TELEPHONE
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Bank of Hawaii

537-8768

MAILING ADDRESS (Street)	FAX
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P.O. Box 2900

521-7602

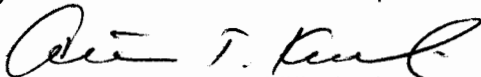
(City)	(State)	(Zip Code)
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Honolulu,

Hawaii

96846-6000

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

JAN 27 2005

(Date)